

04-042

PTO/SB/81 (11-08)

Approved for use through 11/30/2011. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/562,804-Conf. #6079
	<b>Filing Date</b>	May 19, 2008
	<b>First Named Inventor</b>	Thomas Pullen
	<b>Title</b>	HOLLOW SHAFT WITH AT LEAST ONE BALANCING WEIGHT, AND PROCESS
	<b>Art Unit</b>	N/A
	<b>Examiner Name</b>	Not Yet Assigned
	<b>Attorney Docket No.</b>	66969-0004

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

84362

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name Kristin L. Murphy  
RADER, FISHMAN & GRAUER PLLC

Address 39533 Woodward Avenue  
Suite 140

City Bloomfield Hills

State MI

Zip

48304

Country US

Telephone

(248) 594-0600

Email

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Title and Company

Uwe Paken  
Authorized Signer, GKN Driveline International GmbH

Date

Telephone

4-30-09

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

**POA or Authorization of Agent**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated:

5-29-09

Signature:

Kristin L. Murphy

(Kristin L. Murphy)